

Annotated Working Copy

The 2003-04 Community Development Block Grant/Neighborhood Opportunity Fund Applications will be available online in two versions.

- As a PDF document that you can print out and type on, just like the hard copies provided at the workshop or the Planning and Development Department.
- As a PDF form that can be completed on your computer screen and then printed out, attachments added, and copies made.

For either of these versions you will need the Adobe PDF reader. This program can be downloaded from the City website as well.

http://www3.ci.detroit.mi.us/legislative/BoardsCommissions/CityPlanningCommission/planning_main_frame.htm and click on the Community Development Block Grant & NOF tab at the bottom of the page.

Problems or questions, email: ferrisd@cncl.ci.detroit.mi.us

Public Service

2003-04 PROPOSAL FOR PUBLIC SERVICE ACTIVITY

Community Development Block Grant (CDBG) and Neighborhood Opportunity Fund (NOF)

Legal Name of Sponsoring Organization: *This should be the legal name of the organization*

Project Name: The project name may be the same as the organization name if there is only one project

Contact person: Person most familiar with the proposal

Name: _____

Addresses may be the same or different!

Preferred Mailing Address: _____ City: _____ Zip: _____

Address of the administrative offices: _____

Address of primary program site(s): _____

Day phone: _____ Evening phone: _____

Fax Number: _____ Email Address: (if any) _____

This is a fast track process—we need to be able to get a hold of you

1. What is the mission of the sponsoring organization? *Answers should be 50 words or less.*

This should be concise and specific. What is your organization about?

2. What programs/activities does this organization implement to achieve this mission?

Keep it brief: Landlord tenant counseling, homeless prevention, emergency utility assistance, emergency packaged food, etc. **Bullet points; No long descriptions here...**

3. Are any of these activities currently funded with City of Detroit CDBG/NOF dollars?

If yes, which ones:

Landlord tenant counseling, emergency food, youth tutoring

☐ Yes ☐ No

No youth tutoring in #2 so doesn't belong in #3

4. BRIEFLY summarize the activities you propose to fund with 2003-04 CDBG/NOF funds requested in this application. (*Use only the space provided below.* You will provide a more detailed explanation later in the application).

Provide tenant assistance to 100 families and assistance to 5 landlords;
Provide packaged foods to 500 persons at a minimum of 40 packages per month
— each package will contain 21 meals.

5. Are there any other organizations that provide a similar service in your service area? ☐ Yes ☐ No
Please identify:

Who else is doing the same thing? Or something similar?

6. Please explain why your organization is the most appropriate to sponsor the proposed activity in your target area, i.e., please explain your unique capacity to implement the proposed activities in an effective manner.

What makes your organization the best one to provide this

Most experience? Better program? If so, how is it better. Workers trained, certified? Location of facility? Etc.

7. What community support do you have in place for this program, i.e., how do you relate to the community around the location of your program?

Does your program cause controversy in the neighborhood? How have you addressed that? How is the neighborhood involved? How are clients and/or other providers involved?

Organizational information/Staff

8. Date sponsor organized:

Month, year

9. Is sponsor incorporated:

☐ Yes ☐ No

If yes, date:

Month, year

If yes, attach a copy of your annual nonprofit information report or update to the State of Michigan as attachment #2.

10. Is this organization tax exempt, 501(c)(3)?

☐ Yes ☐ No

If yes, give date exemption granted:

Month, year

11. Check one:

☐ Profit

☐ Nonprofit

12. Number of staff persons, if any:

____ Paid, full time

____ Interns

____ Volunteer

____ Paid, part time

____ Others (specify)

If volunteers are used, what is the average number of total volunteer hours used:

____ hours
per week/month/year (circle one)

Outputs and Outcomes for all Programs

13. What outputs/products/accomplishments have been produced by your organization in the last year in all program components? *Be specific as to the number served or products/services produced during the last year.*

Note: This is outputs for all programs!

Served 475 different persons a total of 14,345 packages of food, each containing a minimum of 21 meals.
Provided tenant counseling to 62 families, preventing evictions in 46 cases

14. What are the lasting or long-term benefits (outcomes) of your program(s)?

Housing for 46 families was stabilized and 40 families were subsequently able to secure suitable, permanent housing.

15. Who is actually benefiting from your existing activities? *Be as specific as possible.*

Low income families in the east side of Detroit.

16. How does your organization measure the success, outcomes or impacts of this program?

Use certified housing counselors, follow-up survey 6 months and 18 months later.

17. What percentage of your participants are low to moderate income?
How do you verify income?

Client completes a form requesting income data and is requested to provide documentation of income: check stubs, W-2, tax form, etc.

18. What percentage of your clients are Detroit residents?
How do you verify residency?

Clients are requested to provide identification: drivers license, FIA id, etc.

Financial Information

19. Who is responsible for maintaining your financial records (*bookkeeper, accountant, treasurer, etc.*)?

Name

Phone

Position

20. What was the amount of your total annual expenses for the last fiscal year?

Note: EXPENSES

21. Has your organization had a A-133 audit by a Certified Public Accountant? ☐ Yes ☐ No

22. When was the most recent audit, compilation, or review of your financial records?

Date: _____

If you have had an audit, attach a list of the findings as ATTACHMENT 12

23. List Non CDBG/NOF Proposals submitted since July, 2001. *If necessary, attach additional pages, and label as #23. (Documentation should be available upon request):*

Date	To Whom	Amt requested, Status, Amount awarded, activities, etc.

**Use additional paper if necessary.
You should keep a running list!**

24. Do you currently have a contract with the city for CDBG/NOF funds? ☐ Yes ☐ No ☐ NA

25. Have you submitted CDBG/NOF payment reimbursement requests? ☐ Yes ☐ No ☐ NA

If yes: Date last payment request was submitted? _____

For what period was the reimbursement requested? _____

Should be
monthly!!

26. Has this sponsor submitted a previous CDBG or NOF application under a different name? ☐ Yes ☐ No

If yes, please give name(s) :

Help us keep our files updated!

27. Has this sponsor previously been funded with CDBG / NOF funds? ☐ Yes ☐ No

28. Is this activity intended to exclusively serve persons who are homeless? ☐ Yes ☐ No

29. Does this sponsor participate in the City's Continuum of Care? ☐ Yes ☐ No

30. Is this activity intended exclusively to serve persons with AIDS or HIV⁺? ☐ Yes ☐ No

31. Does United Way fund this organization? ☐ Yes ☐ No

32. Is this organization subject to any current judgments, lawsuits, ☐ Yes ☐ No

Board

IRS arrearages, etc.? *If yes, please explain:*

33. Does your organization have a board? ☐Yes ☐No

If yes, how is the board selected?

- ☐ Election by board
- ☐ Election by membership
- ☐ Appointment by board
- ☐ Other _____

34. How many persons do the by-laws specify to be on the board? _____

35. List dates and time of organization's regular board meetings: _____

- 36. List organization's board members:** *See criteria regarding board, Instructions, page 4.*

-----Check all that apply-----

[illegible]

37. Who is the Chairperson/President of your board?_____

CERTIFICATIONS

This page **MUST** be completed by all sponsoring organizations.

REMEMBER: If a proposal is approved, all Federal regulations must be complied with, City procedures must be followed, an environmental review must be completed, HUD release of funds must be obtained, and appropriate contracts must be approved.

WARNING: No CDBG/NOF funds may be expended or committed prior to the required contractual agreements which must be approved by the Detroit Planning and Development Department or Human Services Department, acting for the Mayor, and the Detroit City Council. Commitments include architectural, planning and professional services, as well as construction and rehabilitation work. Such commitments require contracts and are prohibited prior to the approval of the contract by the City of Detroit.

WARNING: Approval of a proposal by City Council does not constitute approval of the required contract.

Certification by the Chairperson of the Board

I certify that I have read and understand the notices and warnings listed above.

I certify that all information presented herewith is true and correct to the best of my knowledge.

I further certify that the Board of Directors has authorized the submission of this CDBG/NOF proposal.

Signed: _____ Date: _____

Certification of Separation of Church and State

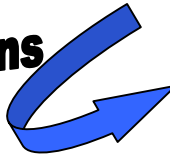
I certify that, if funded, all proposed activities shall be carried out in full compliance with the requirements of the U.S. Constitution regarding separation of church and state and I commit the sponsoring organization to full compliance.

Signed: _____

Title: _____ Date: _____

PUBLIC SERVICE ACTIVITY

Dont forget these questions



Name of Sponsoring Organization

Name of Project

PS-1. What is the amount requested?

*Complete a separate application for each for each public service activity you are requesting. Different PS activities serving **the same population** may be combined into one project, i.e., meals for seniors and activities for seniors. Meals for seniors and recreation for youth would be two separate activities.*

PS-2. Provide a detailed description or “Scope of Service” for this requested public service activity. Be sure to include all elements, phases, or units including any special events, annual meetings, field trips, staff trainings, workshops, performances, practices, rehearsals, etc. (You should indicate the number of persons to be served, number of times an individual client can be served, a description of a unit of service, the number of units of service, where the service will be provided, etc. Be sure your budget reflects all items that you expect to be paid from CDBG/NOF funds.) Attach additional pages labeled PS-2, if necessary

If you have a Scope of Service from an existing contract, you can use that. Otherwise write one like you would like it to appear in your contract, if you are funded.

Who is served

What service is provided

Where will the service take place

How many will be served—both people and units of service

How often; when will people be served

PS-3. Project is: ☐ Citywide ☐ For a specific project area
If for a specific project area, please indicate the boundaries of your project area and attach a map as attachment 10.

NORTH _____ EAST _____
 SOUTH _____ WEST _____

**Attach a map
 if for specific project area**

PS-4. Does this program in any way support the Mayor's Kids, Cops, Clean initiative? ☐ Yes ☐ No
If yes, please explain EXACTLY how this program supports the Kids, Cops, Clean initiative:

**Check out the criteria for Kids,
 Cops, Clean in your packet!**

PS-5. Which Community Revitalization Strategy area(s) does this program serve?
Check all that apply. See map provided with instructions

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cluster 1 | <input type="checkbox"/> Cluster 2 |
| <input type="checkbox"/> Cluster 3 | <input type="checkbox"/> Cluster 4 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 7 | <input type="checkbox"/> Cluster 8 |
| <input type="checkbox"/> Cluster 9 | <input type="checkbox"/> Cluster 10 |

**Check out
 map in
 information
 section**

PS-7. Age of participants (check all that apply)

- | | |
|------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Infants (under 2) | |
| <input type="checkbox"/> Children - 2-12 | |
| <input type="checkbox"/> Youth - 13-18 | |
| <input type="checkbox"/> Young adults 19-35 | <input type="checkbox"/> Cluster 5 <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Mature adults - 36-55 | |
| <input type="checkbox"/> Senior Citizens - 56-79 | |
| <input type="checkbox"/> Frail elderly - 80 and up | |
| <input type="checkbox"/> Other, specify range: _____ | |

PS-6. Reason for requesting CDBG/NOF funding for this activity (check all that apply):

- ☐ Continue existing CDBG/NOF funded Public Service project
- ☐ Prevent reduction of existing service levels (due to increased costs)
- ☐ Expand (add to) existing service levels to meet unmet or increased needs
- ☐ Create a new activity to meet a gap in existing services
- ☐ Replace a loss of other funding to existing program
- ☐ Match or leverage another funding source
- ☐ Replace volunteer efforts
- ☐ Other, please explain _____

PS-8. Gender of participants (check all that apply)

- ☐ Male ☐ Female

PS-9. What particular criteria or "at-risk" factors does your program target? (Check all that apply)

- | | |
|------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Dropped out of school | <input type="checkbox"/> HIV+/AIDS |
| <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Court adjudicated |
| <input type="checkbox"/> Juvenile delinquency | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Nutrition, hunger | |
| <input type="checkbox"/> Substance abuser | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Losing public benefits | <input type="checkbox"/> Evicted |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> None |
| <input type="checkbox"/> Other; Please explain _____ | |

PS-10. Special needs of participants

(check all that apply)

- ☐ Blind
- ☐ Deaf
- ☐ Paraplegic
- ☐ AIDS
- ☐ Alzheimer's or other dementia
- ☐ Other Disabled; please explain: _____

- ☐ Illiterate
- ☐ Senior Citizen
- ☐ Homeless
- ☐ Abused Children
- ☐ Abused Spouses
- ☐ Migrant Workers
- ☐ None
- ☐ Other special needs; please explain _____

PS-11. Are participants targeted by other factors? (Race, attend specific schools, ethnic group, Empowerment Zone residency, service area residency, attend specific schools, single parent family, etc.)

☐ Yes

☐ No

If yes, please identify targeting factors used:

PS-12. How will you publicize this program, i.e. how will people know this program is available?

Newspaper, community
newsletter, referral?

PS-13. What is your process for intake, i.e., how do you register, enroll, or initiate services for your clients?

PS-14. What criteria are used to select participants in the event there are more applicants than openings? (Check all that apply)

- ☐ Income level *(Attach a copy of the income guidelines used.)*
- ☐ Referral from another agency; What agency: _____
- ☐ Special skills/talents; please explain: _____
- ☐ Membership; please explain: _____
- ☐ First come, first served
- ☐ Other, please explain: _____

PS-15. Does this project charge fees to participants?

☐ Yes

☐ No

(Note: excessive fees may not be charged.)

PS-16. If yes, how much? \$_____/ per (Check one) ____ activity ____ week ____ month ____ year

PS-17. If fees are charged, explain your policy for waiving or otherwise paying fees for persons unable to pay:

PS-18. Will the proposed activities operate year-round or seasonally?

☐ Year-round

☐ Seasonal

If seasonal, which months of the year will this program operate?

PS-19. What standards, measures, benchmarks are used to assure or verify that this is a quality/successful program.

(Example: Meals comply with USDA dietary standards; tutors will be certified teachers; etc.)

PS-20. List the hours each day that this public service program is and/or will be in operation.

Attach a separate sheet if there are multiple activities or locations. (City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you MUST inform the Planning and Development Department in writing):

	Activity	HOURS OF CURRENT PROGRAM	HOURS OF PROPOSED PROGRAM	Location Address***
SUNDAY				
MONDAY	Counseling	9-2	Same	3434 Wacker Dr
TUESDAY	Packaged food	11-1	11-3	3434 Wacker Dr
WEDNESDAY	Counseling	9-2	Same	3434 Wacker Dr
THURSDAY	Counseling	9-2	Same	3434 Wacker Dr
FRIDAY				
SATURDAY				

*** Complete a building form (Attachment 8) and provide a property tax statement (Attachment 7) for each address. If there are more than 3 addresses or if this is not applicable, please contact Fern Clement at the Detroit Planning and Development Department, 224-3532.

PS-21. Please list any days/times your project would not be operating, i.e. holidays, election day, vacation periods, etc.

Standard holidays, first 2 weeks of August

PS-22. Indicate the number of clients (unduplicated count) that were provided services during the last fiscal year and the number proposed (unduplicated count) to be served with the requested funding.

Cluster	Type of client	Unduplicated count of clients served most recent fiscal year	Unduplicated count of clients to be served with requested funding
Cluster 1	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 2	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 3	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 4	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 5	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 6	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 7	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 8	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 9	<input type="checkbox"/> Person / <input type="checkbox"/> household		
Cluster 10	<input type="checkbox"/> Person / <input type="checkbox"/> household		
TOTAL			

Refer to the map in the information packet. If you're not tracking clients this way, you should do an estimate and begin tracking by cluster.

PS-23. Define each unit of service that is an element of the program to be funded by CDBG/NOF, how this unit is measured, and how many you expect to be able to provide for with the requested funding.

Activity	Description of Unit of service	Measure	Number provided last fiscal year	Number to be provided by CDBG/ NOF
Packaged food	One package food bag	Contains 21 meals	476	500

PS-24. Public Service Budget

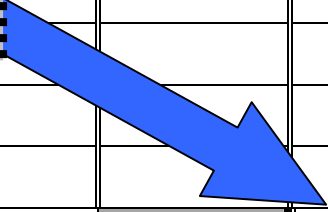
Complete the following budget form for the requested public service activity:	Amount from other funding	Amount from 2003-2004 CDBG/NOF funds requested
PERSONNEL		Should match total for PS-24 on page 13!
Salaries <i>(should match total CDBG/NOF from Public Service-Page)</i>		
Employer Taxes (FICA, FUTA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Personal Services Contracts <i>(List title for each & hourly rate or weekly pay)</i>		
OPERATING EXPENSES (Itemize)		
Rent		
Utilities		
Transportation		
Communication		
Insurance		
Consumable supplies		
Other (list)		
SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

Total should match request on page 7, PS-1

PS-25. Describe all the staff positions needed to operate this public service activity, including those proposed to be funded by CDBG/NOF as well as those proposed to be funded by other sources:
(attach additional page labeled #PS-24, if needed)

<i>Title/ position</i>	<i>No. of FTE*</i>	<i>Qualifications/De gree, etc.</i>	<i>Hrs/Wk</i>	<i>Salary or Hourly Rate</i>	<i>Annual amount</i>	<i>Total from sources other than CDBG/ NOF</i>	<i>Annual total from CDBG/ NOF</i>
**TOTAL CDBG/NOF Funds for staff							

Should match
staff total on
PS-23 on page
12!



**FTE=full time equivalents*

*** (This figure should match the figure on salaries line on the Form 1: Budget, page PS-7 of this application)*

**PS-26. Are all the expenses in the attached Budget, page 12, #PS-23,
directly related to the activities described in the previous pages?**
If no, please explain:

☐ Yes ☐ No

**PS-27. Has this sponsor established a cost per service fee that could be used
as a basis for reimbursement of these requested funds?**
If yes, please explain how that figure was determined

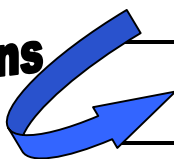
☐ Yes ☐ No

**PS-28. If this sponsor has established a cost per service fee, is it currently being
used as a basis for reimbursement in any current contract you have with
any government agency?**
If yes, please explain:

☐ Yes ☐ No

PUBLIC FACILITY REHAB (PFR)

Dont forget these questions



Name of Sponsoring Organization

Address of building to be rehabilitated

PFR-1 Amount requested from CDBG/NOF for this PFR activity?

PFR-2 Describe in priority order, the rehab work proposed for which CDBG/NOF funding is being requested.

Break down this work in
logical phases

PFR-3 Did your organization apply for PFR funding last year (2002-2003) or the previous year (2001-2002) for this facility?

☐ Yes ☐ No

PFR-4 If yes, did your organization have a building assessment completed by the Planning and Development Department during the proposal review?

☐ Yes ☐ No

If yes, have there been any circumstances that would significantly alter the recommendations of that building assessment?

☐ Yes ☐ No

If yes, please explain:

Are there new problems or
structural concerns not
noted before?

PFR-5 Are there public service activities taking place in this facility at the present time?

☐ Yes ☐ No

a. If yes, describe in detail including number of persons served.

b. How are these public service activities funded?

PFR-6 Which Community Revitalization Strategy area(s) does the program(s) in this facility serve? Check all that apply. See map provided with instructions, page ____

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cluster 1 | <input type="checkbox"/> Cluster 2 |
| <input type="checkbox"/> Cluster 3 | <input type="checkbox"/> Cluster 4 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 7 | <input type="checkbox"/> Cluster 8 |
| <input type="checkbox"/> Cluster 9 | <input type="checkbox"/> Cluster 10 |

See the map in the instructions, page x or check the website:
http://www3.ci.detroit.mi.us/legislative/BoardsCommissions/CityPlanningCommission/planning_main_frame.htm

PFR-7 Describe in detail the public service activities which will be carried out at this facility after rehabilitation, if different.

How will these public service activities be funded?

PFR-8 List the hours each day that this facility is and/or will be in operation. (City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you **MUST** inform the Planning and Development Department in writing):

	Activity	CURRENT HOURS OF OPERATION	HOURS OF OPERATION AFTER REHAB
SUNDAY			
MONDAY	<div>Notify the Planning and Development Department if there are changes. Otherwise staff will assume you are open these hours!</div>		
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

*** Complete a building form (Attachment 8) and provide a property tax statement (Attachment 7)

PFR-9 Has this organization receive PFR funds from CDBG/NOF for this or other sites in the past 6 years:

		<i>THIS SITE:</i>	<i>OTHER SITE(S):</i>
a. Last year (2002-2003)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
b. Previous year (2001-02)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
c. Previous year (2000-01)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
d. Previous year (1999-00)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
e. Previous year (1998-99)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
f. Previous year (1997-98)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____

TOTAL received for this site since 1997: _____

PFR-10 Has sponsor received CDBG/NOF money for rehab (PFR) of this site ☐ Yes ☐ No
in any year previous to 1997-98?
If yes, how much, total? _____

PFR-11 Which, if any, of these awards is not yet under contract? _____

PFR-12 Has your organization developed a conceptual rehabilitation master plan ☐ Yes ☐ No
which includes a priority list of all rehabilitation items that need to
be completed?
a. If so, who completed this plan? _____
b. What are the qualifications of the person(s) or firm completing this plan, i.e. licensed
architect, contractor, etc.?

PFR-13 What is the total cost of rehab completed on this property to date? _____

PFR-14 What is the total cost of rehab currently under contract? _____

**PFR-15 What is the total estimated cost of planned rehab still to be
completed in future years?** _____

**PFR-16 How much money does sponsor expect to be able to provide from
sources other than CDBG/NOF to be used as a match for the
total rehabilitation of this site?** _____

**PFR-17 Explain sponsor's attempts and intentions to raise additional monies to fund rehab of this
site: (See criteria on PFR, pages vi of information pages).**

CDBG/NOF criteria require a dollar for dollar
match for anything over \$100,000.

PFR-18 Does sponsor own this building?

☐ Yes ☐ No

If no, does sponsor have a lease of at least five years in place?

☐ Yes ☐ No

PFR-19 Does this public facility currently meet local building code and accessibility requirements?

☐ Yes ☐ No

PFR-20 Will this public facility meet local building code and accessibility requirements upon completion of current or proposed rehabilitation activities?

☐ Yes ☐ No

PFR-21 Are there any religious activities that take place at this site?

☐ Yes ☐ No

If so, please explain:

PFR-22 What is the source of general operating funds for this facility? I.E., how are funds raised to pay the facility expenses, including utilities, insurance, maintenance, repairs, etc.?

Don't forget attachments!

NOTE: PFR activities require several attachments including (see attachments page):

- ☐ a property tax statement
- ☐ an estimate from a licensed builder
- ☐ a building form

MINOR HOME REPAIR

Name of Sponsoring Organization

Name of Project

HR-1. Amount requested from CDBG/NOF for this activity:

HR-2. Give the street boundaries of the area for which home repair funds are being requested.

NORTH _____

SOUTH _____

WEST _____

Provide a map (HR-13)

HR-3. Do your boundaries overlap with any other existing group that is funded for housing activities? If you are uncertain of other groups in the area, you can contact your neighborhood city hall or the Planning Commission (224-6225).

☐ Yes ☐ No

Name of other organization: _____

If yes, how do/will you coordinate activities with that group?

HR-4. How many single-family houses are within your boundaries?

HR-5. How many two-family houses (duplexes) are within your boundaries?

(Two-family/duplexes are usually considered to be rental property and therefore are not eligible for repair through the minor home repair program.)

HR-6. How many homes (approximately) are owner-occupied?

HR-7. Have you received home repair or home rehab funds in previous years?

☐ Yes ☐ No

If yes, complete the following:

	TOTAL FUNDS RECEIVED	HOW MANY HOMES COMPLETED ?	HOW MANY HOUSES ARE CURRENTLY IN PROCESS?	HOW MANY APPLICATIONS ARE CURRENTLY PENDING?
All years previous to 2000-2001				
2000-2001				
2001-2002				
2002-2003				

HR-8. If you have previously received home repair funding, which nonprofit housing corporation did you/are you working with? _____

HR-9. Describe in detail any CDBG/NOF funded home repair activity that has occurred in the past year?

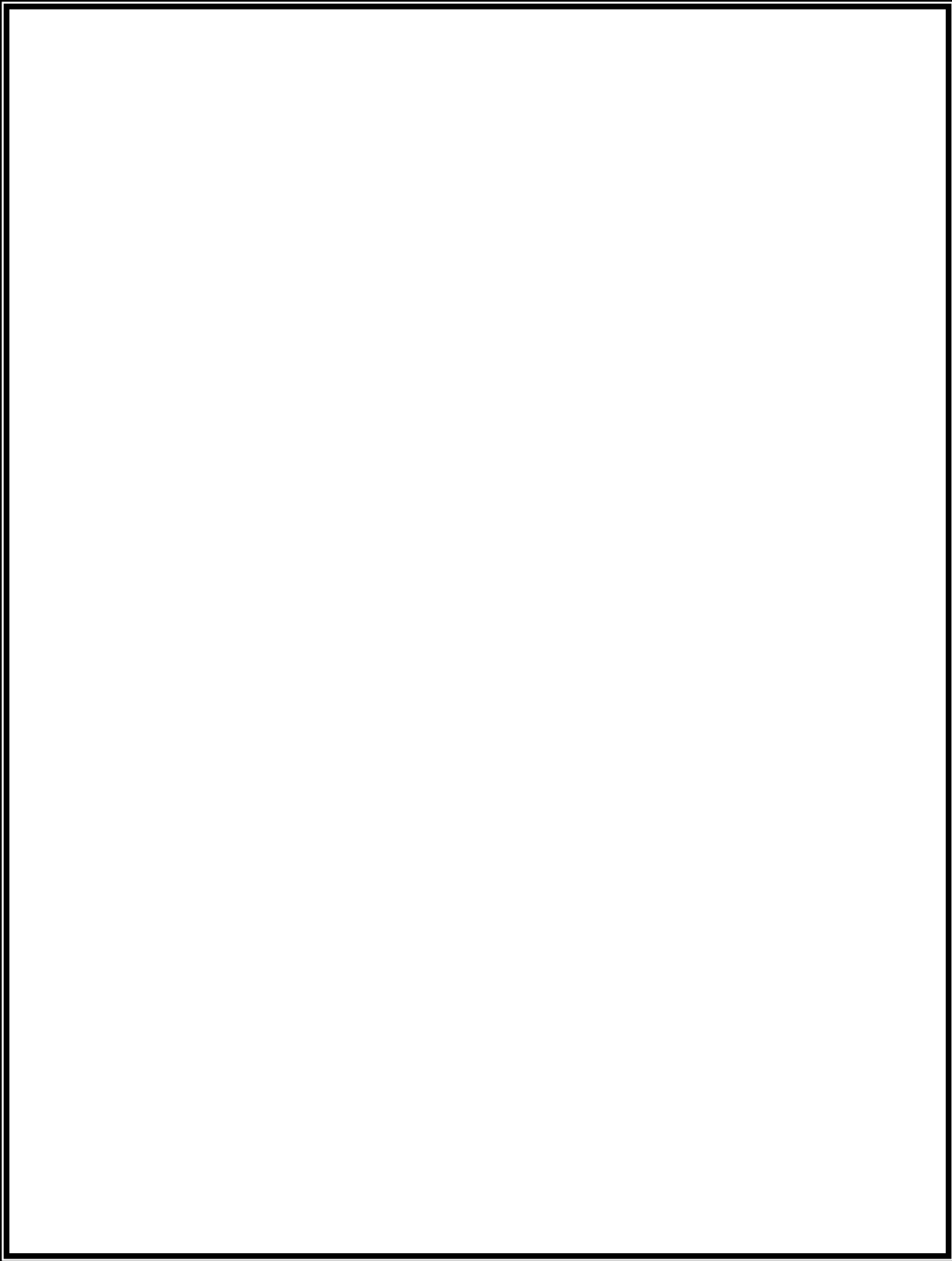
Applications solicited? Applications received?
Applications submitted to the nonprofit?
Applications forwarded to PDD? Work completed?, etc.

HR-10. What activities has your organization undertaken to support and complement your home repair program?

HR-11. What activities has your organization undertaken or planned to address concerns about lead poisoning in your community?

HR-12. If funded, explain how you will advertise the availability of home repair funds, i.e., do outreach to your community.

**HR-13. Draw a map showing your home repair project boundaries in the space below.
Identify all boundary streets on the map.**

A large, empty rectangular box with a double black border, intended for drawing a map showing home repair project boundaries and identifying boundary streets.

“OTHER” ACTIVITY

Includes Public improvements, residential rehab, commercial matching, new housing construction, site improvements, acquisition, etc. Other does not include public service, home repair or public facility rehabilitation.

Name of Sponsoring Organization

Name of Project

Amount requested

Other-2. Which of the following best describes the proposed activity (check the one that best applies)?

☐ **New Construction of Housing**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.204]

a) How many units will be completed with the requested funding?

b) How much will it cost to complete a single unit? \$ _____

c) Will the units be for sale and/or rent (check the one(s) that best apply)?

☐ sale

☐ rent

☐ **Major Residential Rehabilitation (i.e. cost per unit exceeds \$25,000)**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.202]

a) How many units will be rehabilitated with the requested funding amount? _____ units

b) How much will it cost to rehabilitate a single unit? \$ _____

☐ **Acquisition**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(a)]

a) What are the plans for the site once it is acquired?

☐ **Planning**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.205]

☐ **Residential public improvement (i.e. street, sidewalk, park, playground, etc.)**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(c)]

☐ **Commercial strip improvement (i.e. street, sidewalk, street furniture, etc.)**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(c)]

☐ **Commercial Matching Grants for Façade Improvement**

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.202(a)(3)]

Need the regulations? Check the [HUD website](#). All the rules and regulations for CDBG can be found there.

☐ **Economic Development** (i.e. activities that benefit a business, not an individual)
[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.204]

☐ **Technical Assistance**
[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(p)]

☐ **Other** (please specify): _____
[PLEASE CITE THE REGULATIONS THAT APPLY: _____]

There are other allowable activities which have not typically been used in Detroit. Check out the eligible activities

Other-3. What is the location (i.e. address and/or boundaries) of _____
the proposed activity? (Attach a map labeled as ATTACHMENT 10)

Other-4. Does this program in any way support the Mayor's Kids, Cops, Clean initiative? ☐ Yes ☐ No
If yes, please explain EXACTLY how this program supports the Kids, Cops, Clean initiative:

Other-5. Which Community Revitalization Strategy area(s) does this program serve? Check all that apply. See map provided with instructions

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cluster 1 | <input type="checkbox"/> Cluster 2 |
| <input type="checkbox"/> Cluster 3 | <input type="checkbox"/> Cluster 4 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 7 | <input type="checkbox"/> Cluster 8 |
| <input type="checkbox"/> Cluster 9 | <input type="checkbox"/> Cluster 10 |

See the map in the instructions, page x or check the website:
http://www3.ci.detroit.mi.us/legislative/BoardsCommissions/CityPlanningCommission/planning_main_frame.htm

Other-6. Please describe the proposed activity in detail. *(If more space is needed, please attach additional pages labeled "OTHER-1".)*

**Give specific numbers,
income limits, etc.**

Other-7. Please provide a detailed budget outlining how the funding will be spent.

Complete this budget for each "other" activity	Amount from other funding	Amount from 2003-2004 CDBG/NOF funds requested
PERSONNEL		
Salaries		
Employer Taxes (<i>FICA, FUTA, etc.</i>)		
Fringe (<i>health insurance, life insurance, sick days, vacation days, etc.</i>)		
Personal Services Contracts (<i>List title for each & hourly rate or weekly pay</i>)		
OPERATING EXPENSES (<i>Itemize</i>)		
Rent		
Utilities		
Transportation		
Communication		
Insurance		
Consumable supplies		
Other (<i>list</i>)		
SPECIFIC PROGRAM EXPENSES -Excluding personnel (<i>Itemize</i>)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

This should match the total you requested on the Other page 1!

Other-8. For proposed activities involving property (i.e. acquisition, construction, development, etc.) who currently has site control? Please explain.

Other-9. If the proposed activity involves new housing construction or purchase of city owned property, the organization must submit a concept plan review application to the Planning and Development Department.

a) If this applies to the proposed activity, has a concept plan review application been submitted?

☐ Yes (**If yes, please provide copy.)

☐ No

For Questions OTHER-10 and OTHER-11: PLEASE REFER TO ELIGIBILITY CRITERIA IN THE FEDERAL REGULATIONS.

- These can be found on the web at www.hud.gov/cpd/communitydevelopment/rulesandregs/regulations/index.cfm .
- Copies are also available at the library.
- Contact city departments for further assistance.

Other-10. Explain in detail how the proposed activity meets a CDBG national objective (as specified in the CDBG Federal Regulations 24 CFR 570.208).

Other-11. Explain in detail how the proposed activity meets the activity eligibility requirements (as specified in the CDBG Federal Regulations 24 CFR 570.201,202,203,204,205 and/or 206).

Other-12. Discuss how the parties involved in this project are qualified (i.e. education, background, and/or experience).

Other-13. What will the requested funding allow the organization to accomplish over the next year?

Other-14. Is the proposed activity part of a longer term project? (If so, please submit a project plan.)

- a) When did the project start? _____
- b) When is the project expected to be completed? _____
- c) How much will the longer term project cost over time? \$ _____
- d) What other sources have committed funding to this project? How much has each committed?

Source	Amount

- e) How many years has the organization received CDBG/NOF funding for this project? _____
- f) How many more years of CDBG/NOF will the organization request? _____

Other-15. In general, who will the proposed activity benefit and how?

Other-16. How many of each of the following will the proposed activity benefit over the next year if funded at the requested amount? Please indicate by cluster per the CRS map enclosed:

Cluster	1	2	3	4	5	6	7	8	9	10	Total		
Individuals													
Households			See the map in the instructions, page x or check the website: http://www3.ci.detroit.mi.us/legislative/BoardsCommissions/CityPlanningCommission/planning_main_frame.htm										
Businesses													
Properties													
Communities													
Organizations													
Other: _____													

☐ Not Applicable (please explain):

Other-17. How many of each of the following will the proposed activity benefit once the project is completed (if applicable)?

Cluster	1	2	3	4	5	6	7	8	9	10	Total
Individuals											
Households			See the map in the instructions, page x or check the website: http://www3.ci.detroit.mi.us/legislative/BoardsCommissions/CityPlanningCommission/planning_main_frame.htm								
Businesses											
Properties											
Communities											
Organizations											
Other: _____											

☐ Not Applicable (please explain):

Other-18. Do residents within the community support the proposed activity? How has that been determined?

Other-19. How will the proposed activity complement activities already taking place in the community? *(Please submit a community or neighborhood plan, if available.*

BUILDING FORM: ATTACHMENT 8

THE FOLLOWING INFORMATION SHOULD BE PROVIDED FOR EACH BUILDING WHERE A PROPOSED PUBLIC SERVICE, PUBLIC FACILITY REHAB OR OTHER CDBG/NOF ACTIVITY OCCURS.

B-1 Address of site (number and street name): _____

B-2 Does your organization own this building? ☐ Yes ☐ No

If no, who owns this building? _____

If no, does your organization have lease? ☐ Yes ☐ No

If yes, date lease expires: _____

		Yes	No	Unknown or N/A
B-3	Are property taxes for this site paid to date?			
B-4	Is this facility used as an emergency homeless shelter for more than 4 weeks/year?			
B-5	Is this facility licensed as an emergency shelter for the Homeless?			
B-6	Is this facility/program licensed as a substance abuse treatment program?			
B-7	Is this site barrier-free (handicap accessible)?			
B-8	Does building use comply with zoning regulations?			
B-9	Does building comply with building and fire code regulations?			
B-10	Has this building been designated historic?			
B-11	Has this building been inspected by the health department? If so, provide date of most recent inspection: _____			
B-12	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection: _____			
B-13	Has this building been inspected by the Buildings & Safety Engineering Dept? If so, provide date of most recent inspection: _____			
B-14	Does sponsor have sufficient income to operate/maintain this site?			
B-15	Are any religious activities held at this site?			

B-16 If any inspection reports have indicated violations, please explain what is being done to correct those violations? Attach separate sheet labeled B-16.

REQUIRED ATTACHMENTS

1. **THREE** recent support letters from other community organizations and/or program recipients. (These letters **MUST** be dated after July 1, 2002, and should clearly indicate the need for the program, the impact of the program, efforts that you have made to collaborate and/or the reasons the sponsoring organization is an appropriate agency as an agent or operator of the program. Except in cases where client confidentiality is a concern, these letters should include the name, address, and signature of the author. Label these letters as **ATTACHMENT 1: SUPPORT LETTERS**
2. If you are incorporated, a copy of your **State of Michigan Annual Nonprofit Report**, labeled as **ATTACHMENT 2: ANNUAL REPORT**
3. A copy of your most recent newsletter, annual report, and other publicity, if any, labeled as **ATTACHMENT 3: NEWSLETTER/ANNUAL REPORT**
4. A copy of your financial statement, including income and expense report and balance sheet for your most recent fiscal year. Label as **ATTACHMENT 4: FINANCIAL STATEMENT for Last Fiscal Year**
5. If CDBG/NOF funds are currently under contract, a copy of the your current scope of service, labeled as **ATTACHMENT 5: SCOPE OF SERVICE**
6. If CDBG/NOF funds currently under contract, a copy of the most recent Schedule E (performance report), labeled as **ATTACHMENT 6: SCHEDULE E**
7. A copy of the most recent City property tax statement(s) for the facility used by your organization, labeled as **ATTACHMENT 7: PROPERTY TAX**
8. The building information form, **ATTACHMENT 8: BUILDING FORM** for each building where a proposed public service activity is planned.
9. If available, copies of your most recent health department, fire marshal, and building inspection reports, labeled as **ATTACHMENT 9: INSPECTION REPORTS**
10. If your program serves a specific project area, please attach a map, labeled as **ATTACHMENT 10: MAP OF SERVICE AREA**
11. An estimate by a licensed contractor for work to be completed with the funds requested, labeled as **ATTACHMENT 11: ESTIMATE**
12. If your organization has had an audit, attach a list of the findings labeled as **ATTACHMENT 12: AUDIT FINDINGS**

- **Three signed, addressed letters dated after July1, 2002!**
- **Letters from clients and providers most convincing!**

Attachments vary according to the activity you are requesting. However, we have kept the numbering the same.

FINALLY, if your organization has had an audit, please attach **ONE COPY OF THE MOST RECENT AUDIT TO THE ORIGINAL COPY** of this proposal. *(You do not need to provide*

6 copies of the audit.)